12/28/09 POC accepted B. Gavenaugh HFS III

PRINTED: 11/30/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN4202SNF	A. BUILDING _____ B. WING _____	C 11/13/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR OF FALLON	550 NORTH SHERMAN ROAD FALLON, NV 89406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 11/12/09 and finalized on 11/13/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023190 was substantiated with deficiencies cited. (See Tag Z230) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	RECEIVED DEC 11 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA **Preparation and/or execution of these Documents and Plan(s) of Correction does not constitute admission or agreement by the Provider, or the truth of the facts alleged or conclusions set forth in the State of Deficiencies. These Documents and Plan(s) of Correction are prepared and/or executed solely because it is required by the provisions of Federal and State law.**	
Z291 SS=G	NAC449.74487 Nutritional Health; Hydration 2. A facility for skilled nursing shall provide each patient in the facility with sufficient fluids to maintain proper hydration and health. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure one resident consumed adequate fluids to prevent dehydration resulting in hospitalization. (Resident #2)	Z291		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kathleen Boehler TITLE Administrator (X6) DATE 12/9/09

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Z291	Continued From page 1 Findings include: Resident #2 was admitted to the facility with diagnoses including dementia, chronic urinary tract infections, hallucinations, and renal disease. On 9/12/09 at 6:02 AM, the nursing notes indicated Resident #2 was lethargic and dehydrated with shortness of breath. The nurse who had written the note indicated the resident had a dry mouth and the urine was dark yellow. The resident was on three antibiotics for a urinary tract infection. At 7:00 AM the nursing notes indicated the resident was lethargic with rapid respirations. The physician was notified and the resident was sent to the ER for evaluation. A review of the hospital record revealed Resident #2 was dehydrated with hypernatremia. Lab values were sodium 175 (normal range 135-145), HGB 15.8 (normal range 12-16), HCT 49.3 (normal range 35-48), BUN 114 (normal range 8-25), creatinine 3.0 (normal range 0.4-1.4), urine specific gravity greater than 1.030 (normal range 1.006-1.030), WBC 22,000 (normal range 5000-12,000). The hospital record indicated the laboratory values were lowered significantly after IV hydration of the resident. A review of the fluid intake sheets for September of 2009 from the facility indicated Resident #2 consumed anywhere from 1760 CC's to 2640 CC's of fluid per day from 9/1/09 until 9/12/09. The facility staff only reports estimated percentage consumed from the resident trays after each meal, not actual measured amounts.	Z291	**Let this Plan of Correction serve as the facilities credible allegation of compliance.** **It is the policy of the Facility to provide sufficient fluids to maintain proper hydration and health.** **All residents have the potential of being affected by this policy.** **The Facility will implement a new Nursing measure for all residents who are on ATB therapy for UTI's that will consist of VS daily,measuring fluid intake in cc's,monitoring for signs/symptoms of Dehydration and output, for (7) days.** **The Nursing staff will be inserviced on December 21st to review the new Nursing measure.** **The DON/Designee will monitor all new ATB orders to ensure compliance and Nursing Policy on resident's with any change of condition** **DON/Designee will monitor for (6) months and report to the CQI for review and recommendations if needed.**	12/25/09

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Z291	Continued From page 2 An interview with the food service manager revealed that each resident is provided with a minimum of 880 CC's of fluid with each meal. The facility administrator indicated that fluid intake and output are only done on new admissions unless there is a physician's order. There was no evidence the facility staff was closely monitoring Resident #2 for adequate fluid intake even though the resident had a urinary tract infection and was on antibiotic therapy. Severity: 3 Scope: 1	Z291		